2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P94000039581

Entity Name: WEST PALM OUTPATIENT SURGERY CENTER, INC.

Current Principal Place of Business:

200 NORTHPOINT PKWY.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

200 NORTHPOINT PKWY.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0508483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRASKER, PAUL ESQ
225 S OLIVE AVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BENTZ, ROBERT DO
Address: 200 NORTHPOINT PWY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP
Name: KIRVIN, JAMES MD
Address: 200 NORTHPOINT PWY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S
Name: SMITH, MATTHEW DO
Address: 200 NORTH POINT PWY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T
Name: TANNENBAUM, BRUCE DVM
Address: 200 NORTHPOINT PWY
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE TANNENBAUM T 01/06/2011

Electronic Signature of Signing Officer or Director Date